

1884

An

Inaugural Dissertation

on

Acute Dysentery

by

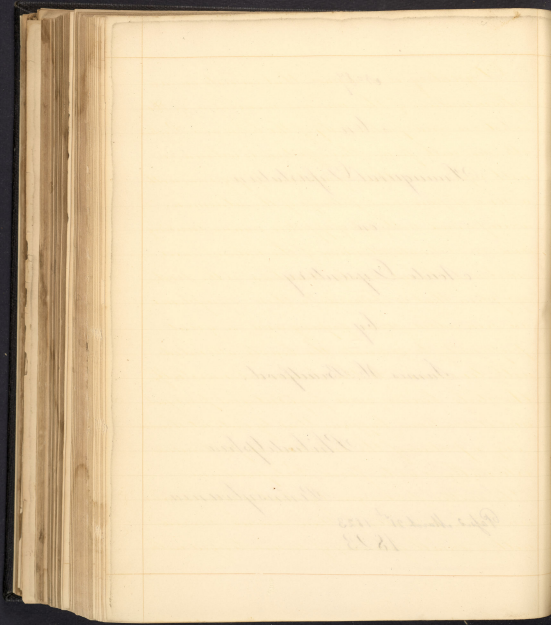
James W. Bradford.

Philadelphia

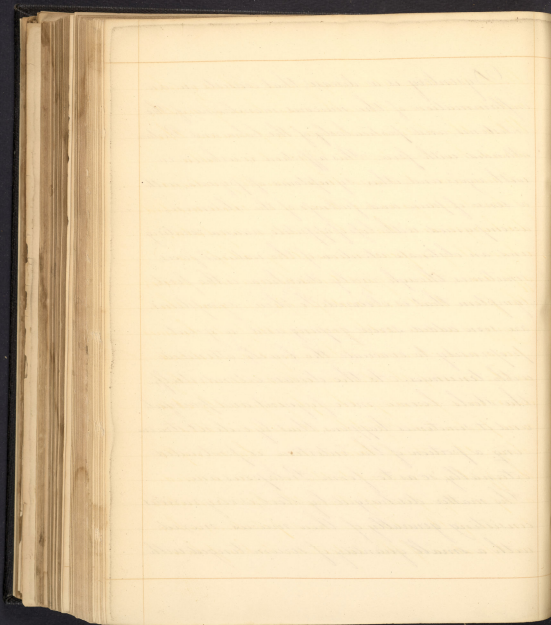
Pennsylvania.

Repts. March 25th 1823

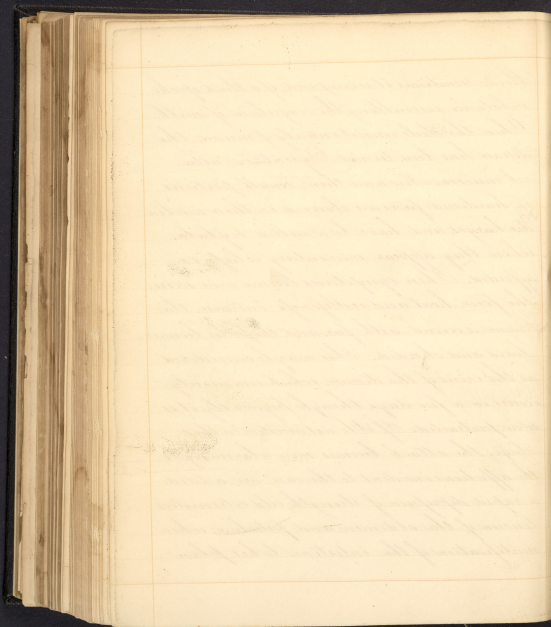
1823



Dysentery is a disease, that consists in an inflammation of the mucous membrane of the intestines, and particularly of the colon and Rectum attended with fever. This affliction is ushered in with rigors and other symptoms of pyrexia, with a sense of pain and fullness of the abdomen, accompanied with loss of appetite, nausea, vomiting, and an obstinate retention of the natural feces, sometimes, though rarely, diarrhoea is the first symptom that is observed. To these symptoms, are soon added severe griping and a great propensity to evacuate the bowels, attended with tenesmus. As the disease extends itself, the stools become more frequent and painful, and it sometimes happens, that by violent straining a portion of the intestine is protruded externally, so as to form Prolapsus ani. The matter discharged by stool, is very various consisting generally of thin mucus, mixed with a small quantity of serum tinged with

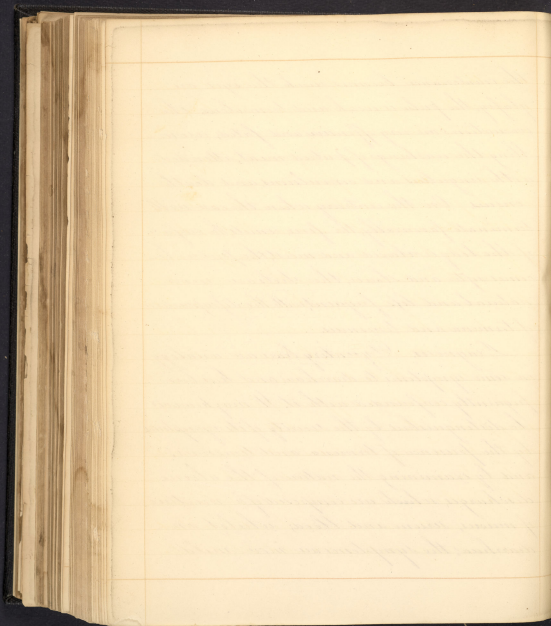


blood; sometimes it is composed of a thick opaque substance resembling the coagulum of milk. When the stools consist entirely of mucus, the disease has been termed *Dysenteria alba*, vel *mucosa*. Now and then, small portions of hardened faeces are observed in these morbid discharges, and have been called *scybala*, when they appear, momentary relief is afforded. These symptoms become more severe; the fever, heat and restlessness increase, the tongue is covered with fur, and the pulse becomes hard and chorded. This may be considered as the crisis of the disease, which commonly occurs in a few days, though frequently, it is more protracted. If it be not arrested in this stage, the attack becomes more alarming. To the affections incident to the case, are added, a rapid depression of strength, cold extremities, tension of the abdomen, and petechiae, when mortification of the intestine takes place.



the countenance becomes sunk, the eyes are glassy, the pulse is weak and tumultuous, the evacuations are very offensive and fætid, resembling the washings of putrid meat, attended with singultus and convulsions, and death ensues. On the contrary, when the case will terminate favourably, the fever remits, the surface of the body is relaxed and moist, the pulse becomes softer and slower, the stools are more natural and less frequent, with the disappearance of tormina and tenismus.

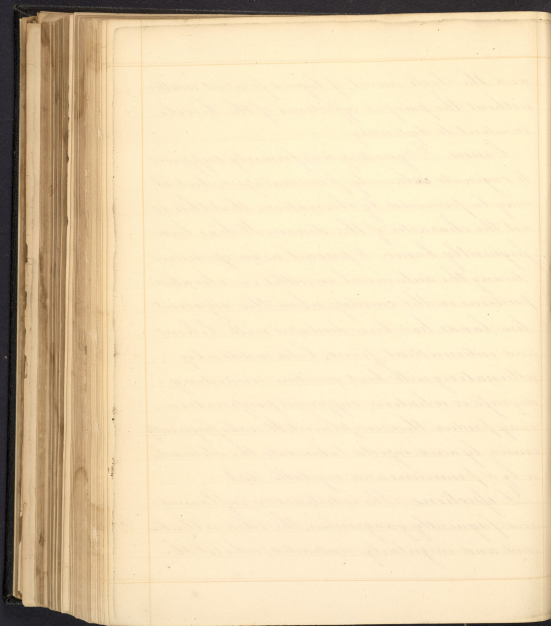
Diagnosis. Dysentery bears an analogy in some symptoms to diarrhoea, and has been frequently confounded with it. It may however be distinguished by the severity of its symptoms, by the presence of tormina and tenismus, and by examining the nature of the alvine discharges, which are composed of a mixture of mucus, serum and blood; whilst in diarrhoea, the symptoms are more mild.



and the stools consist of liquid feculent matter without the painful affections of the bowels incident to dysentery.

Causes. Dysentery was formerly supposed to originate exclusively from contagion; but it may be perceived by observation, that this is not the character of the disease. It has been frequently known to prevail as an epidemic during the autumnal months in elevated positions, in the country, when the adjacent low lands have been desolated with bilious and intermittent fevers. Cold suddenly alternating with heat, moisture succeeding dryness, or whatever suppresses perspiration, may produce this complaint. It is also frequently caused by acid ingesta taken into the stomach, or by a penurious and vegetable diet.

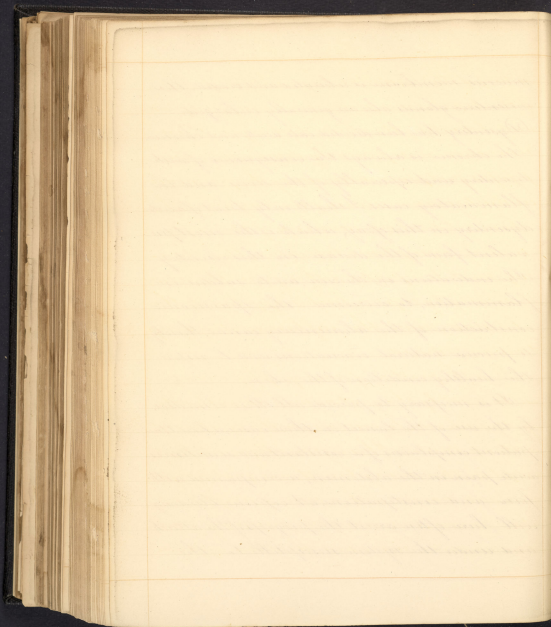
Dispositions. The intestines are inflamed and frequently gangrenous, the colon is thickened and irregularly contracted, whilst the



mucous membrane is ulcerated and eroded, the mesenteric glands also are generally enlarged.

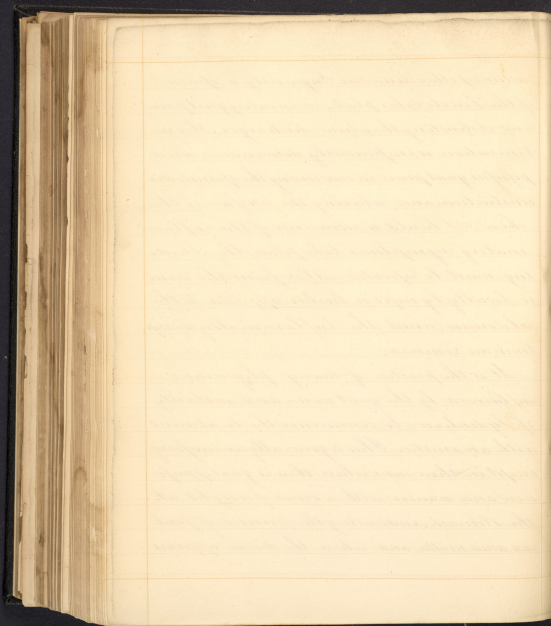
Dysentery has been divided into acute and chronic. The chronic is always the consequence of acute dysentery and especially of the severe and inflammatory cases. I shall only treat of acute dysentery in this essay, which is the most prevalent form of the disease in this country. The indications in the cure, are to subdue inflammation, to overcome the spasmodic constriction of the alimentary canal, thereby to procure natural evacuations, and to restore the healthy condition of the skin.

It is necessary to precede all other remedies, by the use of the lancet in those cases, where the patient complains of a constant and sometimes acute pain in the abdomen, accompanied with fever and constipation. A copious bleeding will here often arrest the progress of the attack and render the system susceptible to the



action of other remedies. Frequently a spasm of the bowels takes place, occasioning great pain and obstructing the alvine discharges. Here venesection is imperiously demanded, and possesses great power in overcoming the spasmodic constriction, and relaxing the surface of the skin. Should a recurrence of the inflammatory symptoms take place, the bleeding must be repeated, either from the arm, or locally by cups or leeches applied to the abdomen, until the inflammatory symptoms are removed.

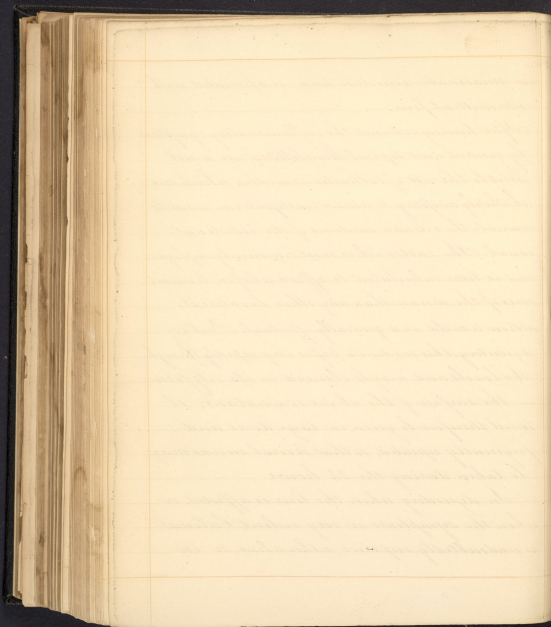
It is the practice of many physicians, influenced by the great name and authority of Sydenham, to commence the treatment with an emetic. This is generally unnecessary except in those cases, where there is great oppression and nausea with a sense of weight at the stomach, indicating the presence of foul and acrid matter, and where the disease appears



in miasmatic countries, and is associated with intermittent fever.

After having reduced the inflammatory symptoms by general and topical bloodletting, we must resort to the use of cathartic remedies, which are absolutely necessary to remove constipation, and to evacuate the vitiated secretions of the intestinal canal. The castor oil is most commonly employed, and is better calculated to afford relief in lenient cases of the disease than any other laxative, its action is mild and generally effectual. But in dysentery, this medicine passes very rapidly through the bowels and may be observed in its oily form on the surface of the alvine evacuations; it must therefore be given in large doses and frequently repeated, so that several ounces may be taken during the 24 hours.

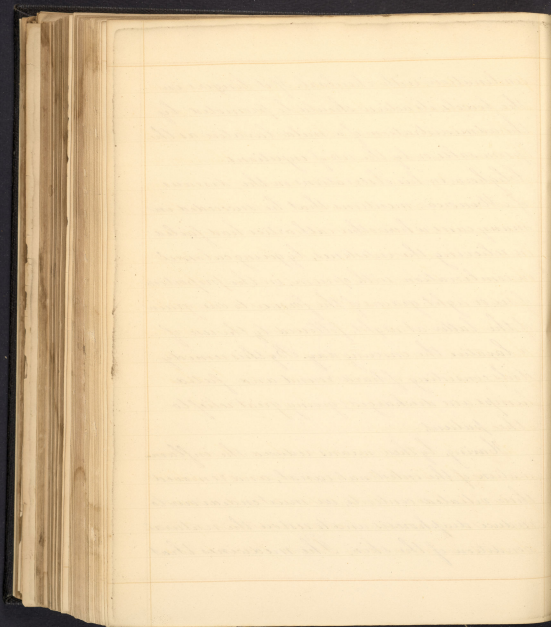
In dysentery, when the liver is affected, or when the symptoms are very violent, Calomel is undoubtedly superior, either alone, or in



combination with rhubarb. If it lingers in the bowels, its action should be promoted by the administration of a mild laxative as the Epsom salts, or by the use of injections.

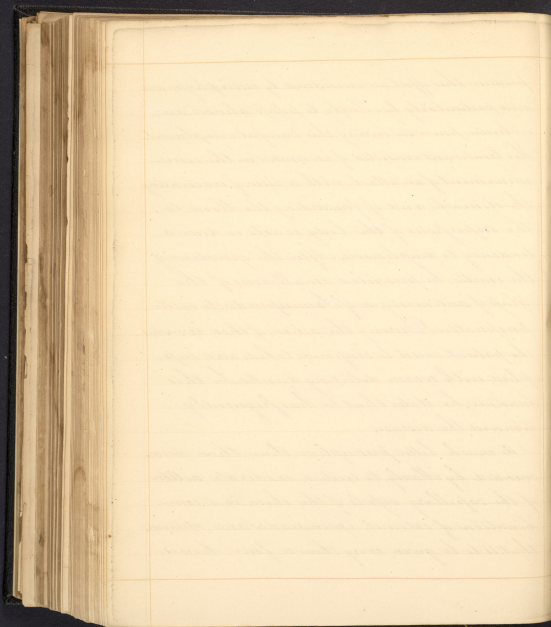
Cleghorn, in his observations on the disease of Minorsca, mentions that he succeeded in many cases, where other cathartics had failed in relieving the intestines, by giving calomel in combination with opium, in the proportion of six or eight grains of the former to one grain of the latter at night, followed by the use of a laxative the ensuing day. By this remedy stools consisting of hard round and fatid lumps were discharged, giving great relief to the patient.

Having, by these means reduced the inflammation of the intestinal canal, and removed their vitiated contents, we must endeavour to induce diaphoresis, and to restore the natural condition of the skin. The medicines that



produce this effect, are considered by some physicians and particularly by Morely, to possess almost an exclusive power in curing this painful complaint. His treatment consisted of an emetic in the commencement of an attack, with a view of evacuating the stomach; and of forwarding the blood to the superficies of the body, so as to induce a tendency to diaphoresis. After the operation of the emetic, he prescribed small doses of the glass of antimony, or of James's powder, to excite perspiration. During the action of these remedies the patient must be confined to bed; and supplied with warm deluting drinks. In this manner, he states that he has frequently removed the disease.

A much better prescription than those recommended by Morely, to excite a moderate action of the capillary vessels of the skin, is a combination of calomel, ipecacuanha and opium, that is to be given every three or four hours.



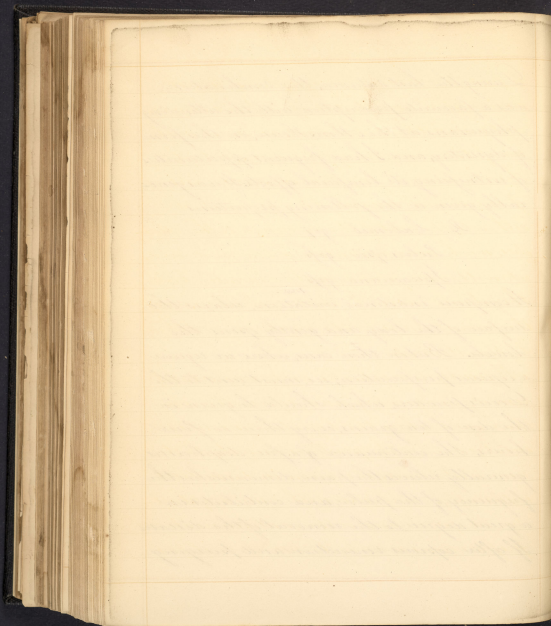
During the last autumn, this combination was a favourite prescription with the attending physicians at the Almshouse, in this form of dysentery, and I had frequent opportunities of witnessing its beneficial effects. It was generally given in the following proportions

R Calomel grs

Pulvis opii grs

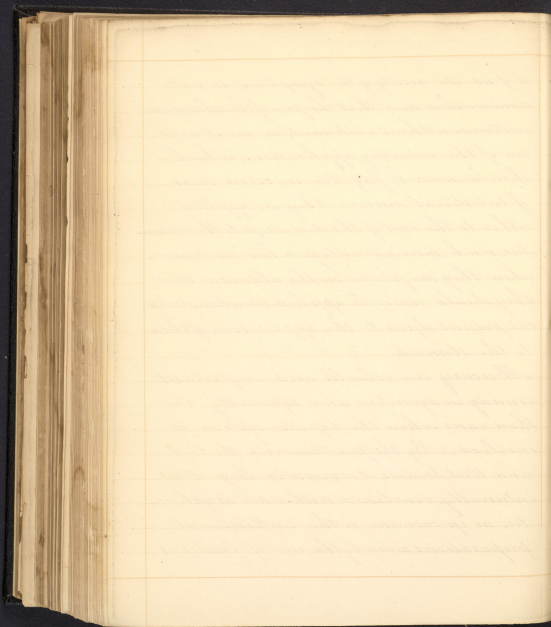
Ipecacuanæ grs ⁱⁱⁱ

It composes intestinal irritation, relaxes the surface of the body, and gently opens the bowels. But in those cases, where we require a copious perspiration, we must resort to the Dover's powders, which should be given in the dose of ten grains, every three or four hours. The continuance of a free diaphoresis generally relieves the pain, diminishes the frequency of the pulse, and contributes in a great degree to the removal of the disease. If after copious venisection and purging



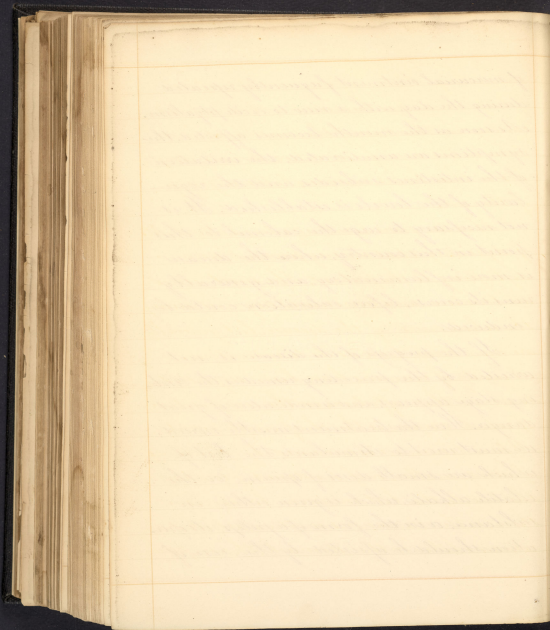
we find the severity of the symptoms is not diminished and that the pain of the abdomen continues without abatement, we must make use of the vesicatory applications, which should never be forgotten in severe cases of intestinal disease. They are applied either to the seat of the disease, or to the extumities; much more advantage is however derived, when they are placed on the abdomen, and they should never be applied elsewhere, unless the patient objects to the application of them to the stomach.

Mercury is a valuable and important remedy in dysentery, and especially in those cases where the hepatic system is involved. By the practitioners in the East and West Indies, it is given in large doses internally, combined with some diaphoretic, as ipecacuana or the antimonial preparations, aided by the use of frictions.



of mercurial ointment frequently repeated during the day, with a view to excite ptyalism. As soon as the mouth becomes affected, the symptoms are ameliorated; the irritation of the intestines subsides, and the regularity of the bowels is established. It is not necessary to urge the calomel to this point in this country, where the disease is more inflammatory, and generally runs its course, before salivation could be induced.

If the progress of the disease is not arrested by the preceding remedies, the sinking stage appears, and is indication of great danger. Here the treatment must be varied; we must resort to stimulants, the best of which are small doses of opium, or the volatile alkali, which is given either in substance, or in the form of a julep; its operation should be assisted by the use of

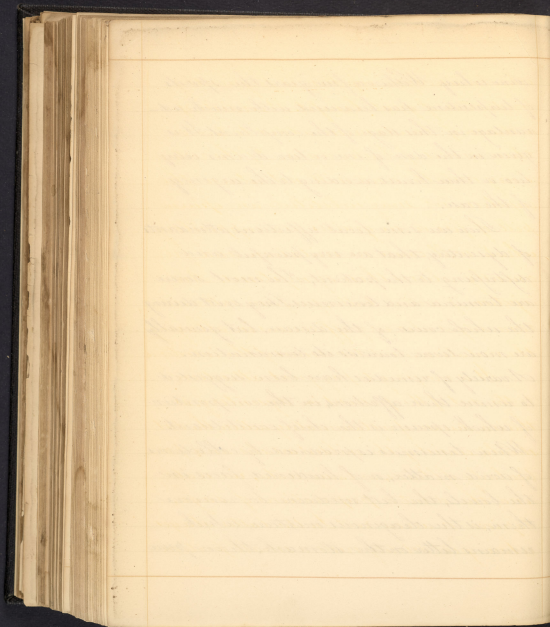


wine where. Within a few years the spirits of turpentine has been used with much advantage in this stage of the complaint. It is given in the dose of one or two drams every two or three hours, according to the urgency of the case.

There are some local affections, attendants of dysentery, that are very painful and distressing to the patient. The most severe are tormina and tenesmus. They exist during the whole course of the disease, but generally are more severe towards its termination.

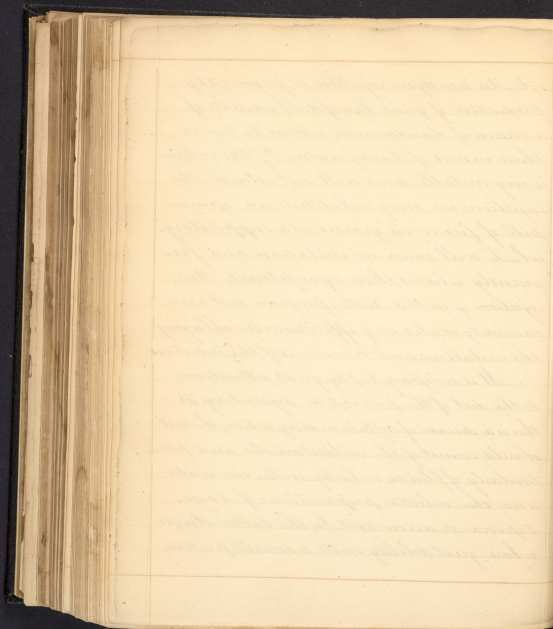
A variety of remedies have been suggested to remove these affections, in the composition of which, opium is the chief constituent.

When tenesmus is produced by collections of acid matter, or of hardened faeces in the bowels, the best medicine to remove them, is the oleaginous mixture, which remains better on the stomach, than pure



oil. An anodyne injection is frequently
production of great benefit. It consists of
a dram of laudanum added to two or
three ounces of barley water. If the rectum
is very irritable and will not retain the
injection, we may substitute an opium
pill of five or six grains as a suppository,
which will cause no irritation and fre-
quently relieves these symptoms. An
injection of melted butter, free from salt and
rancidity is also very efficacious in allaying
the irritation, and tenesmus of the intestines.

It is necessary to pay great attention
to the diet of the patient in dysentery, as
this is a disease of inflammatory action, the diet
should consist of the mildest articles and par-
ticularly of fluids, as barley water, rice water
and the diluted preparations of sago,
tapioca or arrow root. In the latter stages
where great debility exists, a small portion



of wine, added to these farinaceous articles frequently proves of much service, by restoring the exhausted strength of the patient. When he commences to take nourishment in a solid form, it should be of the most digestible nature, and must be taken in small quantities frequently repeated. He should always wear flannel next to the skin, and be warmly clothed, taking care to avoid exposure to cold, as a predisposition remains for a long time in the system, towards a relapse of the disease.

*History and Treatment
of Typhoid
fever
by Daniel Wright
of Pennsylvania.*

